

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214519841						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Children's Advocacy Centers of Virginia, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MCELROY, HODGES & CALDWELL, P.C. 330 CUMMINGS ST ABINGDON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BRISTOL CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: 06382527</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 330 CUMMINGS STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ABINGDON, VA 24210</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Iris Beckwith DIRECTOR 3600 36th Road, N. Arlington , VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kelly Bober DIRECTOR Child Safe Center CAC 411 N. Cameron St., Suite 301 Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol A Brunty DIRECTOR 835 Birdie Dr. Abington, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bootsie Humenansky DIRECTOR 981 Old Holley Drive Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sheila Lambert DIRECTOR 966 Norborne Ave. Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michelle Thames DIRECTOR 935 Redgate Ave. Norfolk, VA 23507	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JANICE DINKINS DAVIDSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANICE DINKINS DAVIDSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/17/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			